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## \*BIBDATASHEET\*

CONFIRMATION NO. 1706

Bib Data Sheet

|                             |                                   |              |                        |                                 |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/009,469 | FILING DATE<br>05/24/2002<br>RULE | CLASS<br>607 | GROUP ART UNIT<br>3762 | ATTORNEY DOCKET NO.<br>P01,0442 |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/SE00/01025 05/22/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 9902058-8 06/03/1999

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met            | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>SWEDEN | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>26 | INDEPENDENT<br>CLAIMS<br>2 |
|--|---|-------------------------------|------------------------|-----------------------|----------------------------|
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   |                               |                        |                       |                            |

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*Method and Circuit for Monitoring an Oscillator in a Medical Implant*

*Medical implant*

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|--------------------------------|---|
| <i>3/12/05</i>                 | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
| FILING FEE<br>RECEIVED<br>1128 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   |